



# REIMBURSEMENT & GUIDELINES BOOKLET

*In-Service, CEN Meetings and  
Workshops*

2021-2022

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## Centre of Expertise Network Table

Centre of Expertise Table	
Sector	Centre of Expertise
1 Administration, Commerce and Computer Technology	Accounting/Secretarial/Starting a Business
1 Administration, Commerce and Computer Technology	Professional Sales/Representation
1 Administration, Commerce and Computer Technology	Computing Support
3 Food Services and Tourism	Professional Cooking/Food and Beverage Services
3 Food Services and Tourism	Hotel Reception
7 Building and Public Works	Carpentry
7 Building and Public Works 11 Mechanical Manufacturing	Residential and Commercial Drafting/Industrial Drafting
10 Motorized Equipment Maintenance	Automobile Mechanics
11 Mechanical Manufacturing	Machining
16 Metallurgical Technology	Welding and Fitting/High-Pressure Welding
19 Health	Institutional and Home Care Assistance/Health Assistance and Nursing
19 Health	Pharmacy Technical Assistance
21 Beauty Care	Hairdressing/Hair Removal

## SUBSTITUTION COMPENSATION GUIDELINES

### Substitution, Meals, and Travel Compensation for Teachers (Workshops, Industry Stages and CEN Meetings)

Employment Status	Hourly Rate	Maximum Number of Hours per Day
Contractual Teachers	Average 76,17\$	6 Hours
Hourly Paid Teachers	Average 66,72\$	6 Hours

1. Contract and hourly paid teachers will be paid up to a maximum of six hours per day to attend a workshop or stage. A *Workshop Compensation Request* or *Stage Compensation Request* indicating the hourly rate of the teacher must be signed by the centre director / principal and submitted to the Provincial In-Service Activities Coordinator. This compensation will be paid directly to the school board.
2. Hourly paid teachers will be paid for their six hours and in addition, centres will be compensated for the cost of the replacement teacher.
3. Re-imbursement will be the average cost for Contract or Hourly paid teachers.

### Travel Compensation

Travel from your Board to host Board (one way)	Compensation		
	Travel	Meals	Accommodation
Less than 50 Km	No Compensation	20.00\$	No Compensation
50 to 175 Km	School Board Kilometer Rate	20.00\$	No Compensation
More than 175 Km	School Board Kilometer Rate	40.00\$	Without Hotel Accommodation
More than 175 Km	School Board Kilometer Rate	65.00\$	Government Rate (one night) *
More than 800 Km	School Board Kilometer Rate	125.00\$	Government Rate (two nights) *

\* Government Rate has to be requested

**Travel:** For travel compensation, distances over 50 kilometers will be paid per kilometer, per school board rate. If possible, there should be a minimum of two occupants per car. If train or plane travel is necessary for distances over 800 kilometers, compensation will be \$150 per person up to a maximum of four board participants. When sending in your claim, please include your Board's distance chart.

**Meals:** For meal compensation, for a one-day workshop, participants travelling a distance of 0 to 175 kilometers one way, will be allotted \$20 for lunch. An amount of \$40 will be allotted to participants travelling over 175 kilometers one way, if they are not claiming a hotel accommodation. An amount of \$65 will be allotted to participants travelling over 175 kilometers one way, if they are claiming a one-night hotel accommodation. \$125 will be allotted to participants travelling over 800 kilometers one way, if they are claiming a two-night hotel accommodation. These amounts include all taxes and gratuities.

**Accommodation:** For accommodation compensation, the government rate will be allotted per room. When possible, double occupancy is requested. (when gender and number of participants permit) *One night compensation for those traveling over 175 kilometers and two nights compensation for those traveling over 800 kilometers.*

**Workshop:** for two-day duration or longer, the travel compensation remains the same, but the accommodation compensation increases to two nights if traveling over 175 kilometers, and from two nights to three nights if traveling over 800 kilometers.

**Reimbursement:** No compensation can be provided to a board until appropriate documentation and receipts for expenses are submitted to the Provincial In-Service Activities Coordinator. Each board or centre should also indicate to whom the compensation cheque should be addressed: the centre or the board.

## Centre of Expertise Liaison and Board Representatives Reimbursement Guidelines

1. All CEs have access to a base amount of \$750 to be reimbursed to the Centre in the event of substitution, meetings, industry visits, and organization of Professional Development (PD).  
All checks payable to the School Board - upon completion of Reimbursement Form # 1 and # 2.
2. The CE Liaison Person is responsible for keeping track of the following: Travel expenses, substitution costs, meeting costs, etc., and informing the Centre Director/Principal.
3. Claims should be submitted with the Reimbursement Forms # 1 and # 2 to the CEN Project Coordinator in mid December and first week of June. You will need to provide supporting documentation (dates, receipts, invoices, etc.) for the fiduciary board to issue payment to your board.
4. Be sure to indicate the CE Liaison and/or Teacher Representative's name and centre clearly on all reimbursement requests.
5. Reimbursement is to the Board, not the Centre, so appropriate internal financial and claim arrangements should be made between the CE and the Service/Regional Director and/or PROCEDE representative.
6. Individual Expenses related to the sector meetings and/or provincial days for the Liaison Person's and Teacher Representatives (up to \$750) - Use Form #1 and Form #2.
  - Substitution rate is **based on the average cost for Contract or Hourly paid teachers**. Indicate the date and function for which the substitution was required.
  - The mileage reimbursement rate is based on each individual board's **rate** (include your own Board Report of Expenses).
  - Receipts must be included for **all** expenses being claimed.

## Workshop Application Form

Type of Professional Development		
Category 1	Category 2	Category 3

**CATEGORY 1:** The implementation of new or revised programs or new authorization.

**CATEGORY 2:** Professional development of vocational teachers.

**CATEGORY 3:** Changing organizational models and approaches affecting delivery of programs.

Identification of the Activity	
Program Sector	
Program Name	
Title of the Activity	
Host School Board	
Contact Person	Telephone

Participants Registered With
Site of Activity or Centre Name
Address
Telephone



## Description of the Activity

### General Objective

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### Specific Objectives

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### Content *(will be used to develop the offer of service)*

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### Target Group

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## The Activity

Duration of the Session: \_\_\_\_\_

Approximate Number of Sessions: \_\_\_\_\_

Number of Participants per Session: \_\_\_\_\_

## Date and Locations

Dates

Locations

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Animator Information

*(To be filled out for each session and resource person)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

### If the Animator Represents a Company

Type of Company:                      Limited                      Registered                      Incorporated

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

## Associated Costs

### A. Animator's Fees

Teaching Staff (hourly paid only)

Expenses for substitute teacher (only covered for the animator): (Ministry Rates)

Name of the school board associated with the animator:

\_\_\_\_\_

#### Workshop Presentation

number of day(s)	X	number of hours per day	X	\$ hourly rate per day	=	TOTAL

Specialty Firm / Private Enterprise / Individual(s)

Date of Quote	Quote (PO) Number	Amount

**Subtotal A:** \_\_\_\_\_

### B. Animator Accomodations and Travelling Expenses

Section B is for Teaching Staff (hourly paid only) - \*\*Not for Specialty Firm / Private Enterprise / Individual(s)

Travel					
	From:	To:	Nb. Km.	Rate	Amount
1					
2					
3					
4					
5					
6					
<b>TOTAL</b>					

Hotel Accomodations	
Name of Hotel	Amount
1	
2	
3	
4	
<b>TOTAL</b>	

**Subtotal B:** \_\_\_\_\_

### C. Miscellaneous

- Teaching Materials = \_\_\_\_\_
- Photocopying = \_\_\_\_\_
- Rental of Equipment = \_\_\_\_\_
- Rental of Space (outside of School Board premises) = \_\_\_\_\_
- Source Materials = \_\_\_\_\_
- Other (*specify*) = \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Subtotal C:** \_\_\_\_\_

### D. Subtotal for the Activity (total of A, B, C)

**Subtotal D:** \_\_\_\_\_

### E. Administrative Costs

**Subtotal E:** \_\_\_\_\_

of the allocated amount (*amount given at Subtotal D*)

To be completed by the ELVEC IN-SERVICE COORDINATOR:

### F. Allowance for Participants

Substitution Compensation: \_\_\_\_\_

Travel Compensation: \_\_\_\_\_

Meal Compensation: \_\_\_\_\_

**Subtotal F:** \_\_\_\_\_

### G. Total Cost of the Activity

**Grand Total:** \_\_\_\_\_

Printed Name of Centre Director / Principal

Signature

Date

Centre Name

Email

Telephone Number

Printed Name of Regional / Service Directors / PROCEDE Rep.

Signature

Date

**Return to Shelley Smythe - Email: vtinservice@nfsb.qc.ca 46 rue  
Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**



## List of Participants

Activity: \_\_\_\_\_

Title: Date: \_\_\_\_\_

Location: \_\_\_\_\_

Surname and First Name (Block Letters)	Signature	Position		School Board	
		Teacher	Other	Code	Name
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

## Participant Evaluation Form

**Activity Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Animator:** \_\_\_\_\_

Please complete this form and return it to the host.

For each statement listed below, please circle the number which best represents your opinion.

**(1) represents “strongly disagree” and (4) represents “strongly agree”**

	<b>Strongly Disagree</b>		<b>Strongly Agree</b>	
1. The objectives identified at the start of the session were attained.	1	2	3	4
2. The content of this activity corresponded to the objectives of the program in question.	1	2	3	4
3. The didactic materials were of assistance.	1	2	3	4
4. The information I received during this session has helped me to develop new skills.	1	2	3	4
5. The information I received during this session is directly related to my assignment.	1	2	3	4
6. Overall, I was satisfied with the animator.	1	2	3	4

**Comments, suggestions:**

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## Activity Report

### Identification of the Activity

**Activity Title:** \_\_\_\_\_

**Duration of Session (No. of hours):** \_\_\_\_\_

**Name of Host School Board:** \_\_\_\_\_

**Activity Contact Person at** \_\_\_\_\_

**Host School Board:** \_\_\_\_\_  \_\_\_\_\_

**Animator:** \_\_\_\_\_

**Clientele:**

**Number of Participants:**

**Planned**

**Actual**

**Teachers**

\_\_\_\_\_

**Others (specify)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Evaluation of the Session

On the basis of the participant evaluation forms, please indicate for each of these statements, the participants' level of satisfaction. In each column, put the total number of participants who chose that number

**(1) represents "strongly disagree" and (4) represents "strongly agree"**

Statements	Responses				Total
	- 1	2	3	+ 4	
1. The objectives identified at the start of the session were attained.					
2. The content of this activity corresponded to the objectives of the program in question.					
3. The materials were of assistance.					
4. The information I received during this session has helped me to develop new skills.					
5. The information I received during this session is directly related to my assignment.					
6. Overall, the group was satisfied with the animator.					
<b>Total:</b>					

## Cost of the Animator and Related Expenses

Total cost of the fees for the animator and the expenses related to holding the activity as outlined in the specification sheet:

<b>A. Fees for the Animator:</b>	
<b>B. Accommodation and Travel Expenses:</b>	
<b>C. Miscellaneous</b>	
<b>D. Subtotal for the Activity (A,B,C)</b>	
<b>E. Administrative Costs</b>	
<b>F. Allowance for Participants</b>	
<b>Total Cost of the Activity</b>	
50% Financed for the Animator if Single Board. (50% of the Total of D and E)	<b>Total Financed</b>

### Documents to be Supplied

	✓
<b>Specifications Sheet</b>	
<b>Registration Form</b>	
<b>List of Participants</b>	
<b>Participant Evaluation Forms</b>	
<b>Activity Report</b>	
<b>Documents Produced for the Session</b>	
<b>Other Documents Deemed Pertinent</b>	

### Event Host/CEN Liaison Workshop Report

Overall, how would you rate the workshop?

How would you rate the animator's preparedness to deliver the content?

Were the topics covered relevant to your needs?

How would you rate the quality of the provided material?

What were the positive aspects of the workshop?

What could be done to improve this workshop?

Would you recommend this workshop to someone else? Why?

Signature of the contact person  
for the School Board: \_\_\_\_\_ Date: \_\_\_\_\_

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### In-Service Activities, Host's Document Checklist

The following documents are needed in order to issue payment for any in-service activities that are run by your board.

1. *Specifications Sheet*
2. *Registration Forms*
3. *List of Participants*
4. *Participant Evaluation Form*
5. *Activity Report*
6. *Reimbursement Form - Workshop Spec. Sheet*
7. *Documents from session or any other documents deemed pertinent*

## Participant Registration Form

### Section 1: Activity Information

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Activity Site: \_\_\_\_\_ Tel: \_\_\_\_\_

Animator: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host School Board: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 2: Participants Information

<b>1. First &amp; Last Name:</b> _____		<b>Position:</b> _____	
Language of Instruction:	English      French	Work Phone #:	Home Phone #:
		_____	_____
<b>2. First &amp; Last Name:</b> _____		<b>Position:</b> _____	
Language of Instruction:	English      French	Work Phone #:	Home Phone #:
		_____	_____
<b>3. First &amp; Last Name:</b> _____		<b>Position:</b> _____	
Language of Instruction:	English      French	Work Phone #:	Home Phone #:
		_____	_____
<b>4. First &amp; Last Name:</b> _____		<b>Position:</b> _____	
Language of Instruction:	English      French	Work Phone #:	Home Phone #:
		_____	_____
<b>5. First &amp; Last Name:</b> _____		<b>Position:</b> _____	
Language of Instruction:	English      French	Work Phone #:	Home Phone #:
		_____	_____

Persons hereby registered have the prerequisites required to participate in the session. We agree to release them for the full length of the session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Centre Principal / Director

\_\_\_\_\_  
Telephone Number

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# Participant Reimbursement Form

Teacher Substitution / Workshops / Stages / Conferences / CEN Training

Section 1: General Information					
School Board:					
Name of Teacher:					
Section 2: Teacher Request for Compensation					
Number of Requests:	1	2	3	4	5
Date: (mm/dd/yyyy)					
Specify Type of request:					
Teacher Status:					
Pay Scale x # of hrs	X	X	X	X	X
Substitution Cost:					
Kilometers x Board Rate Travel Cost:	X	X	X	X	X
Meals / Accomodations:	/	/	/	/	/
Conference Registration:					
Section 3: Request for Teacher Substitution Compensation - Stage					
Number of Requests:	1	2	3	4	5
Date: (mm/dd/yyyy)					
Stage Location:					
Teacher Status:					
Pay Scale x # of hrs x # of Days	X X	X X	X X	X X	X X
Substitution Cost:					
Totals					

Grand Total for reimbursement:

_____	_____	_____
Printed Name of Centre Director / Principal	Signature	Date
_____	_____	_____
Centre Name	Email	Telephone Number
_____	_____	_____
Printed Name of Regional / Service Directors / PROCEDE Rep.	Signature	Date



## **Teachers Stages Project, Short Term & Long Term**

### **OBJECTIVES**

To promote and support partnerships which improve cooperation between education and industry and strengthen the links between what is taught in centres and what is needed in industries.

To promote quality training in vocational centres by providing teachers with the opportunity to benefit from a long-term stage experience in industry which focuses on upgrading their technical skills and knowledge of the workplace.

### **PROJECT PARAMETERS**

To encourage industry to participate in this project, teachers will also be urged to discuss with prospective hosts the inclusion of some activity, project, short-term research they could undertake while they are on site which would directly benefit the industry. Individuals seeking Québec teacher certification may be able to make arrangements with the university to receive credit for their stage.

### **THE APPLICATION & SELECTION PROCESS**

This contest is open to all individuals employed as vocational training teachers in any of the nine English-language school boards.

Teachers are invited to submit application forms to the In-Service Coordinator. All applicants must have the support of their school boards.

## Teachers Stages Project, Long Term Criteria

### SELECTION CRITERIA

Stage proposals will be judged on the following criteria:

- Links made to program content for which the teacher is responsible.
- Indication of possible ways the stage can benefit the host company.
- Clear presentation of the anticipated benefits of the stage activities for the individual and its application to the teacher's classroom, workshop or laboratory.
- A brief explanation of how the individual would plan to share his or her experience with colleagues and students.
- A letter of support from the stage host with an indication that, if the applicant is selected, the stage can take place within the proposed time frame.

### THE SELECTION COMMITTEE

This committee will be compromised of appropriate representatives, depending on the nature of the stage.

### FINANCING

Financial assistance will be provided to the vocational training centre in which the teacher is employed. The project budget will reimburse the cost of teacher substitution and benefits for the duration of the stage, to a maximum of twenty (20) teaching days.

On an annual basis, up to three applicants MAY be selected, if they satisfy the Selection Committee's criteria.

## **Teachers Stages Project, Short Term Criteria**

### **OBJECTIVES**

Teacher stages are a vital piece of an overall philosophy that encompasses industry-education partnerships. Consequently, this project's activities focus on:

- a. The process of establishing industry-education partnerships between vocational training centres and industry.
- b. The involvement of staff in setting personal in-service goals and stage objectives.
- c. The sharing of teacher experiences with colleagues

School boards and centres are encouraged to initiate projects that address their particular interests or needs.

### **ELIGIBLE PARTICIPANTS:**

Participation in this stage project is open to all teachers employed during the current school year by the nine English language school boards of Québec.

### **APPLICATION PROCESS:**

Interested teachers may request short-term stages at any time of the year. However, their application must be formalized by completing and submitting a signed application form to the in-service activities coordinator.

### **FINANCING:**

Up to three days' substitution costs at the standard rate in force for a given year. Reimbursements to centres will be made upon submission of appropriate proof of stage completion. Guidelines for this funding will be established by the Coordination Committee. All reimbursement requests should be made to the in-service coordinator.

## Reimbursement Checklist for Centre Principals/Directors

### Long & Short-Term Teacher Stage Project

*Letter confirming the duration of the stage*

*Industry partner report*

*Teacher report*

*Invoices & receipts authorized by selection committee*

*Deadline for submission June 1<sup>st</sup> every year*

*Reimbursement Form*

## Teacher Stage Application Form

**Long-Term Stage**

**or**

**Short-Term Stage**

Your Name: \_\_\_\_\_

Your Board: \_\_\_\_\_

Your Centre: \_\_\_\_\_

Your Sector : \_\_\_\_\_

Your Program: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

### A. Your Background

Current teaching status: Regular Part Time Hourly

Number of Years of teaching experience: \_\_\_\_\_

Background Status: Trade or Professional

Teaching credentials:

*(please specify)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not a certified teacher, are you currently enrolled in a university program?

Yes No If Yes, where? \_\_\_\_\_

Do you plan to use this stage for credit there? Yes No Not sure

## B. Your Stage Proposal

1. What type of stage are you planning?

General orientation to the sector/industry/workplace

Technical upgrading

Andragogical

2. **Your plan:**

Duration of stage: \_\_\_\_\_

Time of year: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

3. Have you identified links to the program competencies you teach?

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4. **General objectives:** Briefly describe why you want the following stage and what skills you hope to learn and apply to your teaching.

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5. **Sharing your knowledge:** How will you share what you have learnt with colleagues within your centre and others teaching the same program across Quebec?

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### C. Your Awareness of the Work-Study Concept

Have you ever completed a short-term stage?	Yes	No
Have you completed a long-term stage?	Yes	No

If yes, state when, where, stage focus, time involved:

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### D. Additional Information

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### E. Signatures

_____ Teacher-Applicant	_____ Date
_____ Centre Principal / Director	_____ Date
_____ Regional / Service Director and/or PROCEDE Rep.	_____ Date



## Program Evaluation Form, Business/Industry

### Education/Industry Partnerships: Teacher Internship Project

Please complete this assessment at the end of the teacher's stay with you and return it to his or her Centre at:

Centre \_\_\_\_\_  
Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone : \_\_\_\_\_  
Fax: \_\_\_\_\_

WE GREATLY APPRECIATE YOUR COLLABORATION

GENERAL FEEDBACK :

Name of Company: \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Date(s) & Duration of \_\_\_\_\_

Stage: \_\_\_\_\_

Please rate the following statements by placing a number from the legend indicated below in the box which most closely matches your response to each statement:

1 = strongly agree 2 = agree 3 = unsure 4 = disagree 5 = strongly disagree

1. This program was worthwhile.
2. There were benefits to the company in participating.
3. I have developed an awareness of some related problems in education.
4. Overall, the teacher internship met its objectives.

SPECIFIC FEEDBACK :

In responding to the following questions, please attach additional page(s) as required.

5. Was the time allotted appropriate? \_\_\_\_\_ If not, please explain.

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6. What were the beneficial aspects of this experience?

- for the teacher

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- for your company

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7. What were the least beneficial aspect(s) of this experience?

- for the teacher

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- for your company

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8. Would you be willing to participate in the Teacher Stages Internship Program again?  
In what capacity: (e.g. training on site, industry-education council meetings)

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9. What recommendations would you like to make to

- the School Board or Centre providing training in your industrial or business sector?

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- future teacher-participants?

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Thank you for your collaboration. \_\_\_\_\_  
Signature Date

## Formulaire d'évaluation du programme par l'entreprise

Partenariats industrie-enseignement: Programme de stages pour personnel enseignant

Prière de remplir le formulaire d'évaluation à la fin du séjour de l'enseignante ou de l'enseignant dans votre entreprise et de retourner le document au centre de formation dont l'adresse figure ci-dessous :

Nom du Centre: \_\_\_\_\_

Adresse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Télécopieur : \_\_\_\_\_

Téléphone : \_\_\_\_\_

\_\_\_\_\_

NOUS APPRÉCIONS BEAUCOUP VOTRE COLLABORATION

## RENSEIGNEMENTS GÉNÉRAUX :

Nom de l'entreprise : \_\_\_\_\_

Votre nom : \_\_\_\_\_

Nom de l'enseignant ou de l'enseignante : \_\_\_\_\_

Date(s) et durée du stage : \_\_\_\_\_

Veillez évaluer les déclarations suivantes en plaçant un nombre compris entre la légende indiquée ci-dessous dans la case qui correspond le mieux à votre réponse pour chaque énoncé :

**1** = tout à fait d'accord   **2** = d'accord   **3** = ne sais pas   **4** = pas d'accord   **5** = pas du tout d'accord

1. Ce programme a été profitable.
2. L'entreprise a tiré profit de sa participation au projet.
3. J'ai pris conscience de certains problèmes liés à l'éducation.
4. De façon globale, le stage de l'enseignant ou de l'enseignante a atteint ses objectifs.

## RENSEIGNEMENTS PARTICULIERS

Si la réponse aux questions suivantes demande plus d'espace, veuillez joindre les feuilles supplémentaires nécessaires.

5. La période accordée a-t-elle été suffisante? \_\_\_\_\_ Dans la négative, veuillez expliquer

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6. Quels ont été les aspects profitables de l'expérience?

- pour l'enseignant ou l'enseignante

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- pour votre entreprise

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7. Quels ont été les aspects les moins profitables de l'expérience?

- pour l'enseignant ou l'enseignante

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- pour votre entreprise

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8. Accepteriez-vous de participer de nouveau au programme de stage pour le personnel enseignant? À quel titre? (Ex: formation sur place, réunions des conseils entreprises-écoles)

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9. Quels recommandations aimeriez-vous adresser :

- à la commission scolaire ou au centre qui fournit de la formation dans votre secteur d'activité?

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- aux enseignants et enseignantes appelés à participer au programme à l'avenir?

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Merci de votre collaboration. \_\_\_\_\_  
Signature Date

## **Program Evaluation Form, Teacher**

Education/Industry Partnerships: Teacher Internship Project

Please complete this assessment at the end of your stage and return it to your Centre Director/Principal or Project Coordinator. They should, in turn, forward a copy to:

**Return to Shelley Smythe - Email: [vtinservice@nfsb.qc.ca](mailto:vtinservice@nfsb.qc.ca) 46 rue  
Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**

**THANK YOU FOR YOUR FEEDBACK**



FEEDBACK :

Name of Teacher: \_\_\_\_\_

Program: \_\_\_\_\_

Dates and Duration of Stage: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person and Position: \_\_\_\_\_

Position Held by Stagiare: \_\_\_\_\_

Please rate the following statements by placing a number from the legend indicated below" in the box which most closely matches your response to each statement:

**1 = strongly agree 2 = agree 3 = unsure 4 = disagree 5 = strongly disagree**

1. My involvement in the Teacher Stage Project has helped me gain knowledge and experience related to my program/skill area.
2. I have found that this experience benefited me personally.
3. I feel that this provided a valuable opportunity for professional growth during my internship.
4. I have developed an awareness of some of the needs and expectations that industry has of my program area.
5. I have been able to explore some of the differences between the training I provide my students and what is expected of them in the workplace.
6. I will be able to make recommendations to enhance my program to better prepare students for employment and training in industry.
7. The time spent on my stage was adequate.  
If not, explain below

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8. Would you recommend this company for a future  
teacher stage? student stage?

Please elaborate

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9. What are some of the most important benefits you feel you received from participating in this project?

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10. If you could change anything about the project, what would it be?

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Teacher Signature Date

Thank you for your input!

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Signature of Centre Principal/Director Date

## Centre of Expertise Network Meetings Reimbursement Form

School Board: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Vocational Training Centre: \_\_\_\_\_  
 CEN Sector: \_\_\_\_\_  
 CEN Program: \_\_\_\_\_  
 CEN Contact Person/ Teacher Program Rep: \_\_\_\_\_

INVOICE TO: THE CENTRES OF EXPERTISE NETWORK - c/o Shelley Smythe at [ssmythe@nfsb.qc.ca](mailto:ssmythe@nfsb.qc.ca)

TIME PERIOD COVERED BY THIS CLAIM: *from:* \_\_\_\_\_ *to:* \_\_\_\_\_

\*\*all dates are formatted as mm/dd/yyyy

### Sections 1 and 2 are to be entered by the CEN liaison person

#### 1. CEN Liaison Person Coordination Time Expenses to an annual maximum of \$750:

Does not include provincial and sector meetings

Total amount from expense worksheet: \$ \_\_\_\_\_

#### 2. Provincial Meetings (Taken from Reimbursement Form #1)

CEN Liaison Person: Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ \$ \_\_\_\_\_

### Section 3: to be entered by CEN liaison person & school board representative attending the sector meeting

#### 3. Sector Meetings (Taken from Reimbursement Form #1)

CEN Liaison person/ Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Teacher Representatives Date: \_\_\_\_\_ \$ \_\_\_\_\_  
 Date: \_\_\_\_\_ \$ \_\_\_\_\_

Total amount claimed: \$ \_\_\_\_\_

\_\_\_\_\_  
 Printed Name of Centre Director / Principal

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Regional / Service Directors / PROCEDE Rep.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Return to Shelley Smythe - Email: [vtinservice@nfsb.qc.ca](mailto:vtinservice@nfsb.qc.ca) 46 rue  
 Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**

## Centre of Expertise Year-End Report Form

School Year:

(mm/dd/yyyy)

Type of Application Request:

Name of the School Board:

Vocational Training Sector:

Vocational Program & Code:

Centre Name:

Name of Liason Person:

Contact Telephone Number:

Ext:

Email:

1. Report on the Professional Development plan your CEN carried out this year.  
Explain the successes, learning moments, and challenges. (100 words or less)

**2. Report on the communication strategies that you engaged in with your network over the course of the year. (i.e.: frequency, type, and follow up)**

**3. Report on which Centres applied for the innovative equipment project to your sector and how the projects were shared with the network.**

**4. Detail the method you used as a CEN to track your progress.**

**5. Explain what challenges most troubled your CEN this year and what supports you need to improve the network for the [next](#) school year.**

## **ADDITIONAL NOTES OR COMMENTS**